

CAPACITY ASSESSMENT *FOR EXISTING PUBLIC WATER SYSTEMS*

Short and Simplified Business Plan

I. GENERAL INFORMATION

A. Name of System:		PWS ID#:	
B. Mailing Address:			
C. Physical Location:			
D. Phone No.:		Fax No.:	Email Address:
E. Please provide the following information regarding system population and service:			
1. Average population served today:		2. Number of service connections:	
3. Provide a plat and/or description of the existing land area served, including boundaries and planned or potential areas of expansion. Include an estimate of possible water connection increases/decreases over a specified period of time.			
4. Is water purchased from another public water system?		<ul style="list-style-type: none">• Yes• No	5. Is water sold to another water system?
If so, identify the water system, give location, and give starting and ending dates of purchase agreement.			<ul style="list-style-type: none">• Yes• No
If so, identify the water system, give location, and give starting and ending dates of agreement.			
6. Does the water system have an alternative water supply such as a backup well or interconnection with another water system?		<ul style="list-style-type: none">• Yes• No	7. What is the name, location and distance to the nearest public water system?
If so, identify the well or water system.			

DHH-OPH - Drinking Water Capacity Development Program

6867 Bluebonnet Blvd, Box 8, Baton Rouge, LA 70810 · Tel (225) 765-5075 · Fax (225) 765-2916

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II. TECHNICAL CAPACITY

Note: All water systems must answer questions A thru I. In addition, surface water systems must also answer question J.

A. Please provide the following information regarding system flow rates:

1. Average Flow: _____ gpd	2. Peak Flow: _____ gpd	3. Source Flow Capacity: _____ gpd
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B. Please provide the following information regarding system pressure:

1. Does the water system maintain adequate pressure (approx. 30 PSI) at times of peak demand?	<ul style="list-style-type: none"> • Yes • No 	2. Has the water system had any complaints about pressure?	<ul style="list-style-type: none"> • Yes • No
3. What is the minimum pressure found at the water system service connections?			psi

C. Please provide the following information regarding disinfection:

1. Does the water system have continuous disinfection treatment?	<ul style="list-style-type: none"> • Yes • No 	2. Does the water system maintain a minimum free chlorine residual of 0.2 mg/l in the distribution lines?	<ul style="list-style-type: none"> • Yes • No
If NOT, does the water system have a variance granted by the Office of Public Health?	<ul style="list-style-type: none"> • Yes • No 	3. Does the water system keep daily records of chlorine residual measurements?	<ul style="list-style-type: none"> • Yes • No

D. Does the water system have a program with appropriate procedures for the periodic flushing of distribution lines?

- Yes
- No

E. Does the water system have procedures for disinfecting after replacing in-line equipment such as pumps or after repairing broken mains or lines?

- Yes
- No

F. Please provide the following information regarding sampling requirements:

(Note: Even though most water samples are collected and analyzed by state personnel in Louisiana, all public water systems are subject to, and must therefore understand, the regulations and the required sampling.)

1. Does the water system keep onsite the bacteriological sampling plan with the associated sampling taps (and locations) as required by state regulations?

- Yes
- No

2. Are water system personnel familiar with bacteriological and all other sampling required by drinking water regulations including the required intervals between samples?

- Yes
- No

G. Does the water system routinely inspect all water system equipment, including pumps, treatment and storage systems, and distribution systems (for leaks)?

- Yes
- No

H. Does the water system make routine inspections for cross connections (e.g., unauthorized connections to private wells or to an unregulated water supply)?

- Yes
- No

I. Has the water system had taste and odor complaints from water drinkers and/or customers?

- Yes
- No

 If so, please explain briefly.

J. The following three questions are for surface water systems only:

1 Are water system personnel knowledgeable of the requirements of the Surface Water Treatment Rule (SWTR), and the Disinfectant/ Disinfectant Byproducts Rule (D/DBR)?

- Yes
- No

2 Does the water system prepare and submit to the OPH District Office the monthly operation report as required by the SWTR?

- Yes
- No

3 Has the water system had any treatment technique violations in the past 3 years?

- Yes
- No

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III. MANAGERIAL CAPACITY

Note: This managerial checklist for water systems is intended to assist in determining whether the management of this public water system has the managerial resources to meet the technical and financial requirements to properly operate the system.

A.	Have personnel attended the state-recognized management training required of those responsible persons in the management structure of public water systems?	<ul style="list-style-type: none"> • Yes • No
B.	Does the water system have a master meter(s)?	<ul style="list-style-type: none"> • Yes • No
C.	Does the water system have individual meters at service connections?	<ul style="list-style-type: none"> • Yes • No
D.	Does the water system routinely track water loss?	<ul style="list-style-type: none"> • Yes If so, please estimate percent (%) water loss. • No
E.	Has consolidation or interconnection with another water system been explored?	<ul style="list-style-type: none"> • Yes • No
F.	Does the water system have an Operations and Maintenance Manual?	<ul style="list-style-type: none"> • Yes If not, does the water system have other specific written operating procedures? • No
G.	Does the water system employ the services of a certified operator(s)?	<ul style="list-style-type: none"> • Yes • No

If answer to question G is **YES**, please provide the following information:
(Use separate page, as necessary)

1. Name and mailing address of all certified operators
2. Class and level of certification
3. State whether certificate is regular or provisional
4. State whether certificate(s) are current (required training hours every 2 years)
5. State whether operator is on staff or is contracted
6. If contracted, is within 1 hour of system

If answer to question G is **NO**, supply specific information regarding current and planned operator certification efforts.

H. Please list all persons of the organization's governing body and official duties of all persons involved with the water system, including an organization chart, if applicable. (Use separate page, as necessary.)

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IV. FINANCIAL CAPACITY

A.	Does the water system keep a separate set of accounting records which record the financial activities of the water system (revenues collected, expenses paid, assets and liabilities)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	Is the water system charging individual customers for water usage either through a metered rate or a flat rate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	Does the water system have a reserve fund to draw upon for emergencies and major equipment replacement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	Has the water system received, applied for, or initiated the process of applying for a loan/grant for improvements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, please explain the source and date of the funding and briefly explain the improvements.		
E.	Please provide the following information regarding the water system's budget:	
1.	Does the water system have an annual operating budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Does the water system have an annual capital improvements budget?	<input type="checkbox"/> Yes <input type="checkbox"/> No
F.	Only existing public water systems <i>which charge for water</i> , whether by a metered rate or a flat rate; whether they be municipal, parish district, private, or investor-owned; must furnish the following information to enable a financial capacity assessment to be performed by OPH:	
1.	Audited Financial Statements Please submit, if available, the most recent audited financial statements.	
	Does the water system have an audit of its financial records conducted annually by a Certified Public Accountant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Rate Revenue Summary An example form which can be used to furnish this information is attached as Financial Form I. This simple format supplies rate information for the assessment.	
3.	Income and Expense Statement This is a standard accounting form for business reporting. It is attached as Financial Form II. A copy may be furnished of a different format, but be sure the three-year projection is included.	
4.	Balance Sheet The most recent copy of the water system balance sheet will suffice, and a 3-year projection must also be provided. Financial Form III is attached as an example format to furnish this information.	

CERTIFICATION

I hereby certify that the information contained herein is true and accurate, to the best of my ability.

Water System Name: _____

Print Full Name Clearly

Authorized Representative
of Water System: _____

Print Full Name Clearly/ Title

Signature

Date

OPH Representative: _____

Print Full Name Clearly/ Title

Signature

Date

Please make a copy for your records.

ADDITIONAL COMMENTS